



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

***Number 142***

***January 2007***

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Published by EDS, fiscal agent for the North Carolina Medicaid Program  
1-800-688-6696 or 919-851-8888

## **Plan B Coverage**

The U.S. Food and Drug Administration has revised its approval for Plan B (Levonorgestrel 0.75mg). Women 18 years of age and older may obtain Plan B without a prescription; a prescription is required for women 17 years of age and younger. However, regardless of the recipient's age, N.C. Medicaid will cover Plan B tablets **only** with a written prescription from the recipient's health care provider.

New dual-label Plan B launches began on November 1, 2006, as a single package that meets the requirements of both a prescription and an over-the-counter medication. The new dual-label Plan B package contains a Drug Facts panel, as well as an area on which to place a prescription label. The current prescription-only Plan B product will continue to be dispensed by prescription while inventories last. This prescription-only product will be discontinued and replaced by the new dual-label Plan B product. N.C. Medicaid will require a prescription label for each dual-label Plan B product dispensed pursuant to a written prescription.

## **Recipients with Medicare Part B Deductibles**

Pharmacy providers who bill pharmacy claims for recipients who have a Medicare deductible should bill Medicaid for the portion of the pharmacy claim that is applied to the Medicare deductible on the pharmacy manual claim form. These claims will be manually reviewed for payment. An 'O' should be entered in the family planning field on the form. A copy of the Medicare Explanation of Benefits (EOB) **must** also accompany the claim.

Pharmacy claims with dates of service within 2006 that did not process according to this rule, can be submitted as a Pharmacy Adjustment claim to be reviewed for payment for the Medicare deductible. Providers will need to include the Medicaid Remittance Advice (RA) showing a paid status, plus the Medicare Explanation of Benefits (EOB).

The pharmacy manual claim form and the pharmacy adjustment form are both available on DMA's website at <http://www.dhhs.state.nc.us/dma/Forms/pharmclaim.pdf>.

## **Recipient's Restricted to One Pharmacy – System Review Implemented**

Effective December 2006, the monthly systematic review of recipients assigned to one pharmacy provider was implemented. In December, the system reviewed all recipients who were in the Medication Therapy Management (MTM) program for at least 6 months and verified if they received less than or equal to 11 prescriptions during two of the last three months. If the system found that the recipient was no longer receiving more than 11 prescriptions per month, their opt-in to one pharmacy provider was end-dated and was no longer considered in active status. These recipients will not re-enroll to participate in the medication therapy management program until the time when they receive more than 11 prescriptions. Going forward, this review of the recipients assigned to one pharmacy will occur on a monthly basis. The recipient's primary care physician or pharmacy provider can contact EDS at (919) 851-8888 or (800) 688-6696 to request that recipients be enrolled in this program if eligible.

## **Niaspan Removed from the Excluded Drug List under Medicare Part D**

Effective January 1, 2007, Niaspan was removed from the Excluded Drug Class under Medicare Part D and will no longer be covered by NC Medicaid for dual eligibles. Niaspan should be covered by the recipients' Medicare Part D plan.



## **March 2007 National Provider Identifier (NPI) Seminars**

Informational seminars regarding National Provider Identifier (NPI) are scheduled for March 2007. Registration information and a complete list of dates and site locations for the seminars will be published in the February 2007 general Medicaid bulletin and published on DMA's Web site at <http://www.ncdhhs.gov/dma/NPI.htm>.

***NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly***

## **National Provider Identifier (NPI) Collection Form Now Available in Spreadsheet Format**

NC Medicaid is actively collecting NPI numbers from providers. Providers are required to report NPI numbers to NC Medicaid no later than March 31, 2007. To accommodate organizations with large numbers of providers, an NPI spreadsheet is now available on the DMA Web site. The spreadsheet and its instructions can be found here: <http://www.dhhs.state.nc.us/dma/NPI.htm>. The spreadsheet can be completed for both group and individual provider numbers. Required fields for the spreadsheet are similar to the NPI Collection Form. Blocks A through L on the spreadsheet must be completed.

**Printed Name/Title/Date, Phone Number, Fax Number and Email Address** — List the person completing this information and the contact information for questions.

- **A. Group (G)/Individual (I)** — You may submit both group and individual information on the same spreadsheet. Enter the group information first by putting a “G” in column A. The indicator G is for the Group NPI. Next, enter an “I” for each individual in the group. Please complete a separate line to report the NPI for each Medicaid Provider Number.
- **B. Carolina ACCESS Provider** — Place a “Y” or “N” in column B for each Medicaid Provider Number to indicate whether the group or the individual is a Carolina ACCESS provider.
- **C. Medicaid Provider Number** — Enter the seven- or eight-digit numeric or alphanumeric Medicaid Provider Number. Please check the most recent remittance advice (RA) to make sure the provider number is accurately recorded. Complete a separate line to report the NPI for each Medicaid Provider Number.

• **D. National Provider Number (NPI)** — Enter the 10-digit number assigned by NPPES for each Medicaid Provider Number. In addition to submitting the spreadsheet, providers must submit a copy of their NPPES certification letter for each NPI reported. If you do not submit this letter, your NPI will not be accepted. If you need to apply for an NPI, go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and click on the link to *National Provider Identifier*. Follow the instructions for applying.

If you need a copy of your NPPES Certification letter, contact the NPI Enumerator at 1-800-465-3203, or go to [http://questions.cms.hhs.gov/copy\\_of\\_your\\_NPPES\\_letter](http://questions.cms.hhs.gov/copy_of_your_NPPES_letter) to have another NPI notification generated. If the provider was enumerated via EFI, the health care provider must contact the EFI organization (EFIO) for a copy of the EFIO's notification. Notifications generated by the NPPES are created in the same manner in which they were originally issued (i.e., NPI notification letter for paper applicants or an e-mail notification for Web-based applicants).

• **E. Taxonomy** — Enter the 10 digit code ending in X. You may submit up to 15 taxonomies. If you need to report additional taxonomy codes, please complete the “Additional Taxonomy Form” located at <http://www.ncdhhs.gov/dma/npi/taxonomy.htm>. For a listing of taxonomy codes, go to <http://www.wpc-edi.com/taxonomy>. You will need this taxonomy information when applying for an NPI.

• **F. Organization/Individual Name**

- *Organization Name* — The name of the group or business. Please check the most recent RA to verify how your organization is listed in our provider system. If the name on the spreadsheet does not match the name listed in the provider system, the updates will not be made.
- *Individual Name* — The name of the provider as listed in our system or on the NPPES certification. If the name on the spreadsheet does not match the name listed in the provider system the updates will not be made.

• **G-L. Physical/Accounting Address** — Must be completed even if the addresses are the same.

- *Physical Address* — The location where services are performed or care is coordinated. Please be sure to include the ZIP Code+4 number.
- *Accounting Address* — The address where payments, remittance advices and correspondences are sent. Please be sure to include the ZIP Code+4 number. Please check the most recent RA to determine the accounting address listed in our provider system. If the accounting address is the same as the physical address, please indicate “SAME” in this block.

**NOTE:** If the address on this spreadsheet does not match what is currently in our provider system, we will automatically update our records with the address provided on the NPI spreadsheet. For reporting changes other than address, complete the Provider Change Form which is located here: [www.ncdhhs.gov/dma/forms.html](http://www.ncdhhs.gov/dma/forms.html).

Upon completion, choose one of the options below to send the spreadsheet to DMA:

<p>Please <b>Mail</b> to: DMA Provider Services Attention: NPI Form 2501 Mail Service Center Raleigh, NC 27699-2501</p>	<p>Please <b>Fax</b>: (919) 715-7140</p>	<p>Please <b>E-Mail</b> to: <a href="mailto:npi.dma@ncmail.net">npi.dma@ncmail.net</a></p>
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## Required Fields on New Provider Enrollment Applications and Provider Change Form

Effective Jan. 1, 2007, to facilitate National Provider Identifier (NPI) implementation, the Division of Medical Assistance (DMA) will no longer accept enrollment applications or change forms without the following information:

- National Provider Identifier (NPI)
- Zip Code plus Four
- Taxonomies

Federally mandated requirements for NPI implementation is May 23, 2007. This information is required. If this information is not provided, your new application or change forms will be returned.

If you have not enumerated, please check our Web site at <http://www.dhhs.state.nc.us/dma/NPI.htm> for information or enumerate at NPI at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

## Federal Mac List Changes

Effective January 19, 2007, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

### **FUL Deletions**

#### Generic Name

#### **FUL Price**

Fenoprofen Calcium  
EQ 600 mg Base, Tablet, Oral, 100

### **FUL Decreases**

#### Generic Name

#### **FUL Price**

Chlordiazepoxide Hydrochloride	
5 mg, Capsule, Oral, 100	\$0.0570 B
10 mg, Capsule, Oral, 100	\$0.0585 B

### **FUL Additions**

#### Generic Name

#### **FUL Price**

Acetaminophen; Pentazocine Hydrochloride	
650 mg; EQ 25 mg Base, Tablet, Oral, 100	\$0.8517 R
Aspirin Carisoprodol; Codeine Phosphate	
325 mg; 200 mg; 16 mg, Tablet, Oral, 100	\$1.8375 R

**Federal Mac List Changes (cont.)****FUL Additions (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Chlordiazepoxide Hydrochloride 25 mg, Capsule, Oral, 100	\$0.0660 B
Desonide 0.05% Lotion, Topical, 59 ml	\$0.5441 R
Diclofenac Sodium 100 mg, Tablet, Extended Release, Oral, 100	\$2.3618 B
Dipyridamole 25 mg, Tablet, Oral, 100	\$0.2978 B
50 mg, Tablet, Oral, 100	\$0.4796 B
75 mg, Tablet, Oral, 100	\$0.6417 B
Disopyramide Phosphate EQ 100 mg Base, Capsule, Oral, 100	\$0.5979 B
EQ 150 mg Base, Capsule, Oral, 100	\$0.6288 B
Fluvoxamine Maleate 25 mg, Tablet, Oral, 100	\$1.0883 R
50 mg, Tablet, Oral, 100	\$1.0830 R
100 mg, Tablet, Oral, 100	\$1.1775 R
Metolazone 2.5 mg, Tablet, Oral, 100	\$0.8910 B
5 mg, Tablet, Oral, 100	\$1.0680 B
10 mg, Tablet, Oral, 100	\$1.3425 B
Midazolam Hydrochloride EQ 2 mg Base/ml, Syrup, Oral, 118 ml	\$0.8263 B
Pravastatin Sodium 10 mg, Tablet, Oral, 90	\$0.7717 B
20 mg, Tablet, Oral, 90	\$0.7840 B
40 mg, Tablet, Oral, 90	\$1.1507 B
Silver Sulfadiazine 1%, Cream, Topical, 400 gm	\$0.0591 B

## **Changes in Drug Rebate Manufacturers**

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

### **Additions**

The following labeler has entered into Drug Rebate Agreements and joined the rebate program effective on the date indicated below:

<i><b>Code</b></i>	<i><b>Manufacturer</b></i>	<i><b>Date</b></i>
17433	Summit Pharmaceuticals DBA Enemeez, Inc.,	12/13/2006

### Checkwrite Schedule

January 09, 2007	February 06, 2007	March 06, 2007
January 17, 2007	February 13, 2007	March 13, 2007
January 25, 2007	February 20, 2007	March 20, 2007
	February 28, 2007	March 29, 2007

### Electronic Cut-Off Schedule

January 05, 2007	February 02, 2007	March 01, 2007
January 12, 2007	February 08, 2007	March 08, 2007
January 19, 2007	February 15, 2007	March 15, 2007
	February 22, 2007	March 22, 2007

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.*

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Cheryll Collier  
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EDS